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FEC FORM 3

FE5AN018

## REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3 For An Authorized Committee   |                                  |               |  |                  |                               |              | Office Use Only  |        |                             |  |
|--|----------------------------------|---------------|--|------------------|-------------------------------|--------------|------------------|--------|-----------------------------|--|
| 1. NAME OF<br>COMMITTEE (in  |                                  | YPE OR PRINT  | •  |                  | ample: If typinger the lines. | g, type      | 12FE4M           | 5      |                             |  |
| Andre Bauer fo   | or Congre                        | ess           |  |                  |                               |              |                  |        |                             |  |
|  |                                  |               |  |                  |                               |              |                  |        |                             |  |
| ADDRESS (number and street)  |                                  | P.O. Box 1597 | 97   |                  |                               |              |                  |        |                             |  |
| Check if di  | fferent                          |               |  |                  |                               |              |                  |        |                             |  |
| than previo<br>reported. (A  | usly                             | Little River  |  |                  |                               |              | SC               | 29566  | 3                           |  |
| 2. FEC IDENTIFICATION NUMBER ▼   |                                  |               |  | CITY             |                               |              | STATE A          |        | ZIP CODE A STATE ▼ DISTRICT |  |
| C C00504993  |                                  |               |  | S THIS<br>REPORT | × NEW (N) C                   | OR           | AMEN<br>(A)      | DED    | SC 07                       |  |
| 4 TYPE OF PE   | DODT (OL)                        | 0 )           |  |                  |                               |              |                  |        |                             |  |
| 4. TYPE OF REPORT (Choose One)   |                                  |               |  | 2-Day PRE-       | Election Repo                 | rt for the:  |                  |        |                             |  |
| (a) Quarterly Reports:  X April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  |                                  |               |  | П                | Primary (12P)                 |              | General (12G)    |        | Runoff (12R)                |  |
|  |                                  |               |  | H                |                               |              | Special (12S)    |        |                             |  |
|  |                                  |               |  | Ш                | Convention (                  | 12C)         |                  |        |                             |  |
|  | October 15 Quarterly Report (Q3) |               | ı  | Election on      | M M / D D                     |              |                  |        | in the<br>State of          |  |
| January 31 Year-End Report (YE)  |                                  |               | (c) 30-Day <b>POST</b> -Election Report for the: |                  |                               |              |                  |        |                             |  |
|  |                                  |               |  |                  | General (30G                  |              | Runoff (3        | 0R)    | Special (30S)               |  |
| Termination Report (TER)   |                                  |               | ı  | Election on      | M M /                         | D " D        | / Y Y Y Y        |        | in the<br>State of          |  |
| 5. Covering Period   | M 01                             | / 01 /        |  | )14 Y            | through                       | M<br>03      | M / D D /        | Y      | Y Y Y 2014                  |  |
| I certify that I have e  | examined this                    | Report and to | the be   | st of my kn      | owledge and l                 | belief it is | true, correct an | nd con | nplete.                     |  |
| Type or Print Name   | of Treasurer                     | Randall Cole  |  |                  |                               |              |                  |        |                             |  |
| Signature of Treasurer Randall Cole [Electronically Filed] Date  |                                  |               |  |                  |                               |              |                  |        |                             |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. |                                  |               |  |                  |                               |              |                  |        |                             |  |
| Office<br>Use  |                                  |               |  |                  |                               |              |                  | F      | EC FORM 3                   |  |
| Only   |                                  |               |  |                  |                               |              |                  |        | (Revised 02/2003)           |  |